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| **SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM** |

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, Division of Services and Resources

This form is used to pay Summer Research Scholarships where the scholarship period exceeds a period of one month and payment is required on a fortnightly basis. Please ensure that a [Banking Authority](http://www.adelaide.edu.au/hr/policies/formsatoz/#B) form signed by the payee is attached to this application. (See Page 2)

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| **PERSONAL/STUDENT DETAILS (PLEASE USE BLOCK LETTERS)** |
| **Employee ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch:**  **Title:** **Family name:** **Given names** *(in full):*  **Gender:**  Male  Female **Date of birth**:  **Home/Postal Address:** **City**: **State:** **Post Code:** |

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| **SCHOLARSHIP PAYMENT DETAILS (ALL INFORMATION IS REQUIRED)** |
| **Period of scholarship payment**  Start date:……………………….................….... End Date (Inclusive):......................………..………  Break periods (if applicable): From:……………………….................….... To (Inclusive):......................………..………  From:……………………….................….... To (Inclusive):......................………..………  Total scholarship amount to be paid: $ ......................…… Fortnightly scholarship amount (Annual amount/26): $..........………..  Is this Scholarship taxable:  Yes  No If Scholarship is taxable, please attach a Tax Declaration Form to this form.  Details of Scholarship: For pay period dates please refer to: [HR Processing Timelines](http://www.adelaide.edu.au/hr/about/service-centre/timeframes). |

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| **PAYMENT DETAILS** |
| **Account code:** U N I A D / 2 4 1 1 / \_ \_ / \_ \_ \_ / \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ \_ \_ \_ \_ %\_\_\_\_\_\_\_\_\_\_\_  **Account code:** U N I A D / 2 4 1 1 / \_ \_ / \_ \_ \_ / \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ \_ \_ \_ \_ %\_\_\_\_\_\_\_\_\_\_\_ |

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| **AUTHORISATION (ALL SIGNATURES ARE REQUIRED)** |
| **Head of School**  I authorise payment to the above named student for Summer Scholarship.  Name *(please print):*  Signature: Date: |

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| **SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM**  **(Banking Authority Form)** |

Please complete this form and return it to the HR Branch to enable fortnightly payment of your scholarship.

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| **Student DETAILS (PLEASE USE BLOCK LETTERS)** |
| **Student ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  **Title:** **Family name:** **Given names** *(in full):* |

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| **MAIN deposit account** | | |
| **Name of financial institution:** **Branch:**    **BSB:** **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Account no** *(maximum 9 digits):* **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | | |
| **authorisation (SIGNATURE IS REQUIRED)** |
| **Student**  I hereby give the University of Adelaide authority to credit all monies due to me to the account specified above.  Signature: Date: |